E-filing

UNITED STATES DISTRICT COURT

UNITED STATES OF AMERICA Plaintiff,

0952

GLENN STARK CITY OF UKIAH

Defendant.

PRISONER'S LICATION TO PROCEED

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I. VINCENT ROSENBALM, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am THESE FINANCIALS ARE ESTIMATES! entitled to relief.

In support of this application, I provide the following information:

Are you presently employed? Yes V No \_\_\_\_

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

25

Gross: ABOUT \$20 A WEEK Net: SAME 26 Employer: NAPA STATE HOSPITAL - 3 HOURS A WEEK 27

STARTED WORK 2/28/08

11 13 14

	.1							
1	If the answer is "no," state the date of last employment and the amount of the gross and net							
2	salary and wages per month which you received. (If you are imprisoned, specify the last							
3	place of employment prior to imprisonment.)							
4								
5		<i>.</i>						
6								
7	2. Have you received, within the past twelve (12) months, any money from any of the							
8	following sources:							
9	a.,	Business, Profession or	Yes V	No				
10	1	self employment		•				
11	b.	Income from stocks, bonds,	Yes	No 🖊				
12		or royalties?	<u>-</u>					
13	c.	Rent payments?	Yes	•				
14	d.	Pensions, annuities, or	Yes	No_ <u>//</u>				
. 15		life insurance payments?	,					
16	e.	Federal or State welfare paymen	ts, Yes _/_	No				
17		Social Security or other govern-						
18		ment source?		. "				
19	If the answer	is "yes" to any of the above, descri	be each source of mone	ey and state the amoun				
20	received from							
21	YES-\$3.25 AUTHOR HOUSE PUBLISHING							
22	yes 12	E A MONTH-WELL	FARE HOSPI	191				
23	yes 1250 A MON+H-WELFARE HOSPITAL  3. Are you married? Yes_No_1							
24	Spouse's Full Name:							
25	Spouse's Place of Employment:							
26	Spouse's Monthly Salary, Wages or Income:							
27	Gross \$ Net \$							
28	4. a. List amount you contribute to your spouse's support:\$							

1	b. List the persons other than your spouse who are dependent upon you for							
2	support and indicate how much you contribute toward their support. (NOTE:							
3	For minor children, list only their initials and ages. DO NOT INCLUDE							
4	THEIR NAMES.).							
5	JOR (16)							
6								
7	5. Do you own or are you buying a horne? Yes No							
8	Estimated Market Value: \$ Amount of Mortgage: \$							
9	6. Do you own an automobile? Yes V No							
10	Make <u>SUBARU</u> Year <u>92,93</u> Model <u>Legaey</u>							
11	Is it financed? Yes No If so, Total due: \$							
12	Monthly Payment: \$							
13	7. Do you have a bank account? Yes No (Do not include account numbers.)							
14	Name(s) and address(es) of bank:							
15								
16	Present balance(s): \$							
17	Do you own any cash? Yes // No Amount: \$ \$ 0.10 10 cents							
18	Do you have any other assets? (If "yes," provide a description of each asset and its estimated							
1,9	market value.) Yes V No							
20	Personal property Approximately \$10-15,000							
21	8. What are your monthly expenses?							
22	Rent: \$ Utilities:							
23	Food: \$ Clothing:							
24	Charge Accounts:							
25	Name of Account Monthly Payment Total Owed on This Acct.							
26	\$\$							
27	\$\$							
28	\$\$							
10								

1	9. Do you have any other debts? (List current obligations, indicating amounts and to							
2	whom they are payable. Do <u>not</u> include account numbers.)							
3	SCHOOL LOANS EStiMAted \$5-10,000							
4	CREDIT CARD Debt Estimated \$ 5-10,000							
5	10. Does the complaint which you are seeking to file raise claims that have been presented							
6	in other lawsuits? Yes 1 No							
7	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in							
8	which they were filed.							
9	NOT SURB-Denied access Pacer?							
0								
.1	I consent to prison officials withdrawing from my trust account and paying to the court							
2	the initial partial filing fee and all installment payments required by the court.							
3	I declare under the penalty of perjury that the foregoing is true and correct and							
4	understand that a false statement herein may result in the dismissal of my claims.							
5 6	2/28/08 Kincent Rosenbalm							
7	DATE SIGNATURE OF APPLICANT							
8	Cell financials are approximate estimates!							
0	approximate estimates.							
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2	Case Number: 08 952 sipr					
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8	CERTIFICATE OF FUNDS					
9	IN					
10	PRISONER'S ACCOUNT					
11	·					
12	I certify that attached hereto is a true and correct copy of the prisoner's trust account					
13	statement showing transactions of Vincent Rosenhalm for the last six months					
14	Napa State Hospital [prisoner name] where (s) he is confined.					
15	[name of institution] I further certify that the average deposits each month to this prisoner's account for the					
16	most recent 6-month period were \$ 19.30 and the average balance in the prisoner's					
17	account each month for the most recent 6-month period was \$					
18	$\mathcal{O}$					
19	Dated: 2/27/08  [Authorized officer of the institution]					
20	[Authorized officer of the institution]					
21						
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CONFIDENTIAL PATIENT INFORMATION - CALIFORNIA WELFARE AND INSTITUTIONS CODE SECTIONS 5328 & 4514. INFORMATION SUBJECT TO RELEASE IN ACCORDANCE WITH THE FEDERAL PRIVACY ACT OF 1974 (PUBLIC LAW 93-579).

2/27/2008 4:13:26PM

## NAPA STATE HOSPITAL TRUST ACCOUNT / CASHIERS' SYSTEM II

Page 1 of 1

Patient Ledger Report

2069375 ROSENBALM, VINCENT

	TransDate	Doc No.	Item	Comment	Withdrawl	Deposit	Balance
1	08/27/2007	13-153936	Cash Disbursement	cl v158	\$12.50		\$5.00
2	09/24/2007	18-075238	AB1013 Funds	\$12.50 Receipts		\$12.50	\$17.50
3	09/24/2007	13-154124	Cash Disbursement	cl v234	\$12.50		\$5.00
4	10/22/2007	13-154338	Cash Disbursement	cashlist v-314	\$5.00		\$0.00
5	10/24/2007	18-075321	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
6	10/29/2007	13-154384	Cash Disbursement	cl v337	\$12.50		\$0.00
7	11/23/2007	18-75407	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
8	11/26/2007	13-154581	Cash Disbursement	Cashlist V-400	\$12.50		\$0.00
9	12/03/2007	16 <b>-7</b> 5436	<b>CK-AUTHOR HOUSE</b>	BLOOMINGTON IN		\$3.25	\$3.25
			1663 LIBERTY DR	47403			
			STE 200				
10	12/11/2007	16-75478	CCK-UNKNOWN	CCK-UNKNOWN		\$50.00	\$53.25
			SENDER	SENDER			
11	12/17/2007	13-154774	Cash Disbursement	cl v463	\$33.25		\$20.00
12	12/24/2007	13-154828	Cash Disbursement	cl v485	\$10.00		\$10.00
13	01/04/2008	13-154914	Misc Disbursement	NSH-COPY CARD V518	\$10.00		\$0.00
14	01/22/2008	18-075585	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
15	01/28/2008	13-155104	Cash Disbursement	cl v580	\$12.50		\$0.00
16	02/21/2008	18-075665	AB1013 Funds	\$12.50 Receipts		\$12.50	\$12.50
17	02/25/2008	13-155262	Cash Disbursement	cl v649	\$12.50		\$0.00

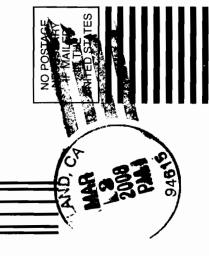
\$115.75

## **BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 12615 WASHINGTON DC

POSTAGE WILL BE PAID BY UNITED STATES COURTS

US DISTRICT COURT
450 GOLDEN GATE AVE
PO BOX 36060
SAN FRANCISCO CA 94102-9680



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